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Reply ASAP

To: Examiner Sam Chaun Cua Yao

Company: USPTO

Fax #: ~~703-746-9562~~

Phone #:

From: B. Kirk for Virginia Szigeti

Fax #: 804-520-3568

Phone #: 804-520-3651

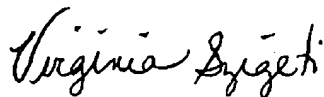
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MESSAGE:

GROUP ART UNIT: 1733
SERIAL NO.: 08/933,822
FILED: September 19, 1997
ATTORNEY DOCKET NO.: 30-2138CIP1

I hereby certify that this correspondence is being sent to the United States Patent & Trademark Office via facsimile to Examiner Sam Chaun Cua Yao, Group Art Unit 1733, at 703-746-9562 on October 17, 2003.

ENCLOSURES: Amendment Transmittal Letter
Amendment

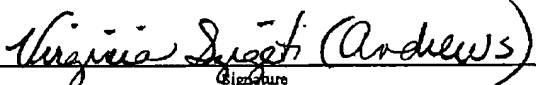
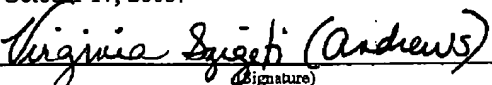


Virginia Szigeti
Reg. No. 29,039

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AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 30-2138CIP1		
SERIAL NUMBER: 08/933,822	FILING DATE: 09/19/97	EXAMINER: Sam Chuan Yao	GROUP ART UNIT 1733			
INVENTION: YARN WITH HEAT-ACTIVATED BINDER MATERIAL AND PROCESS						
INVENTOR(s): CHARLES EDWARD BOWERS						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	5	MINUS	20	0	X \$18	0
INDEP. CLAIMS	1	MINUS	3	0	X \$84	0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and requests that the \$ _____ fee be charged to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p>						
October 17, 2003 <small>Date</small>			 <small>Signature</small>			
804-520-3651 <small>Phone</small>			Virginia Szigeti (Andrews) <small>Attorney Name</small>			
_____ <small>Phone</small>			29,039 <small>Reg. Number</small>			
I hereby certify that this correspondence is being facsimile transmitted to Group Art Unit 1733, Examiner Sam Chuan Yao, 703-746-9562 with the United States Patent & Trade Office on October 17, 2003.						
_____ <small>Date</small>			 <small>Signature</small>			
_____ <small>Date</small>			Virginia Szigeti (Andrews) <small>Attorney of Record</small>			
_____ <small>Date</small>			October 17, 2003 <small>(Date)</small>			

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